



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MMPP representative at 410-767-1455.

Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1000 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a Medwatch form (<http://www.dhmh.state.md.us/mma/mpap/medwatch.htm>). The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The purpose of this Advisory is to alert you to changes in the exceptions to this rule that will become **effective on November 14, 2012**. In summary, **Brand name - Dexedrine Spansules, Tobradex and Pulmicort Respules will be preferred** over their respective generics. **Concerta and Omnipred will require use of generics** and no longer be exceptions, therefore will require PA based on approved MedWatch.

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalents, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Enter a **DAW code of 6** on the claim to have it correctly priced.

¹ Unless the Program has established clinical criteria for the drug

If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, when there is other insurance primary).

The generic non-preferred exceptions are as follows:

Non-Preferred Generics	Preferred Brands
adapalene	Differin
amphetamine salt combo ER	Adderall XR
azelastine	Astelin
brimonidine P 0.15%	Alphagan P 0.15% ²
budesonide respules	Pulmicort respules
calcitonin salmon	Miacalcin
calcium acetate	PhosLo
carbamazepine XR and ER capsules	Carbatrol ER capsules
clonidine patches	Catapres TTS patches
cyclosporine	Sandimmune
dextroamphetamine	Dexedrine spansules
diazepam rectal	Diastat
divalproex sprinkles	Depakote Sprinkles
dronabinol	Marinol
enoxaparin	Lovenox
morphine sulfate Er	Kadian
tobramycin/dexamethasone	Tobradex
tranylcypromine	Parnate
triamcinolone	Nasocort AQ

In the following instances, **both** the multisource brand and the generic are preferred.

Preferred generics	Brand also Preferred - no MedWatch form required
carbamazepine suspension	Tegretol suspension
dexmethylphenidate	Focalin
metipranolol	Optipranolol
metronidazole	Metrogel-vaginal
oxcarbazepine suspension	Trileptal suspension
valacyclovir	Valtrex

Please maintain this for a reference together with any updates that follow. This information is available at <http://www.epocrates.com/> on your desktop computer or PDA/Smartphone. Epocrates is updated weekly.

² Like most drugs on the Preferred Drug List, Ophthalmic Glaucoma Agent generic bromonidine P 0.1% is preferred, Alphagan P 0.1% requires an approved MedWatch..